

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

809

63-023374

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

Registrar's No.

FILED JUL 10 1963

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rushville		Length of stay in 1b 1 day	c. CITY OR TOWN Lawson Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Public Road, Rush Twsp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rural Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Maude Middle Isabelle Last Summers		4. DATE OF DEATH Month June Day 30 , Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June 8, 1892
9. AGE (last birthday) 71		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) U.S.A.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Norman Durfee	
13b. MOTHER'S MAIDEN NAME Mary Ellen Buffenton		14. NAME OF HUSBAND OR WIFE John W Summers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no		16. SOCIAL SECURITY NO. 4	
17. INFORMANT Orville, Johnson, Lawson Mo		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion DUE TO (b) Atheromatous Narrowing DUE TO (c) years Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH at once	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 2 car Accident head on collision.		PART III. If deceased was female: was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Deceased in wrong lane collided with oncoming car in proper lane.	
20c. TIME OF INJURY Hour 2:35 p.m. Month, Day, Year 6-30-63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 116		20f. CITY, TOWN, OR LOCATION Rushville	
20g. COUNTY Buchanan		20h. STATE Mo.	
21. I attended the deceased from Death occurred at 2:35 P.M.		to 6/30/63 and last saw her alive on 6-30-63	
22a. SIGNATURE (Degree or title) St. Melaney M.D.		22b. ADDRESS 214 Kirkpatrick Bldg.	
22c. NAME OF CEMETERY OR CREMATORY Christian Union		22d. LOCATION (City, town, or county) (State) Lawson Cemetery	
23. DATE 7/3/63		24. FUNERAL DIRECTOR St. Joseph, Mo	
25. DATE RECD. BY LOCAL REG. July 8, 1963		26. REGISTRAR'S SIGNATURE Wm. Clark Goodell	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

St. Melaney Medical Certification

USE BLACK INK
OR
TYPEWRITER RIBBON

Permit used 7-1-63

0112
0880

1-1-63

112
0-18

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

as by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer.

Signed John E. Rupp
Licensed Embalmer No. 3986

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.